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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/635,708
Filing Date	August 5, 2003
First Named Inventor	Juan R. Loaiza
Group Art Unit	2168
Examiner Name	Cheyne D. Ly

Total Number Of Documents In This Submission	18	Attorney Docket No.	241/122 (7011443001)

ENCLOSURES (check all that apply)

[X] Fee Transmittal Form (1 page, in duplicate)

[ ] Fee Attached

[X] Amendment/Response (12 pages)

[ ] After Final

[ ] Supplemental Declaration

[ ] Extension of Time Request

[ ] Express Abandonment Request

[ ] Information Disclosure Statement with PTO Form 1449a

[ ] Certified Copy of Priority Document(s)

[ ] Response to Missing Parts/ Incomplete Application

[ ] Response to Missing Parts under 37 CFR 1.52 or 1.53

[ ] Assignment Papers *(for an Application)*

[ ] Formal Drawings – Figures 1-19 (13 sheets)

[ ] Licensing-related Papers

[ ] Petition

[ ] Petition to Convert to a Provisional Application

[ ] Power of Attorney, Revocation Change of Correspondence Address

[X] Terminal Disclaimer (3 pages)

[ ] Request for Refund

[ ] CD, Number of CD(s)_____

Remarks

[ ] After Allowance Communication to Group

[ ] Appeal Communication to Board of Appeals and Interferences

[ ] Appeal Communication to Group *(Appeal Notice, Brief, Reply Brief)*

[ ] Proprietary Information

[ ] Change of Address for All Purposes

[X] Other Enclosure(s) *(please identify below):*
Return Receipt Postcard

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Bingham McCutchen LLP
Signature	Peter C. Mei, Reg. No. 39,768
Date	May 9, 2006

CERTIFICATE OF MAILING (37 C.F.R. § 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date indicated below with sufficient postage as First Class Mail in an envelope addressed to: Box AF, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450:
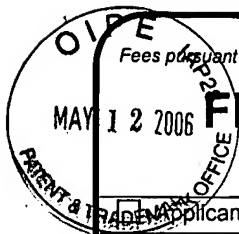Dated: May 9, 2006 Signature of Person Certifying:_____
Printed Name: Megan Gallant

PA/52182253.1

FEE TRANSMITTAL
for FY 2006

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	($) 130.00

Complete if Known	
Application Number	10/635,708
Filing Date	August 5, 2003
First Named Inventor	Juan R. Loaiza
Examiner Name	Cheyne D. Ly
Art Unit	1877
Attorney Docket No.	241/122 (7011443001)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____

☒ Deposit Account Deposit Account Number: 50-2518   Deposit Account Ref. No: 241/122 (7011443001)

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s)   ☒ Credit any overpayments
    Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES Fee ($)	Small Entity Fee($)	SEARCH FEES Fee($)	Small Entity Fee($)	EXAMINATION FEES Fee($)	Small Entity Fee($)	Fees Paid ($)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee($)	Fee Paid ($)
_____ -20 or HP=	_____ x	_____ =	_____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee($)	Fee Paid ($)
_____ - 3 or HP=	_____ x	_____ =	_____

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee ($)	Fee Paid ($)
_____	_____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
_____ - 100 = _____	/ 50 =	_____ (round up to a whole number) x		= _____

4. OTHER FEE(S)

Fees Paid ($)

Non-English Specification, $130 fee (no small entity discount) _____

Other (e.g., late filing surcharge) : Terminal Disclaimer Fee $130.00

SUBMITTED BY

Signature		Registration No.	39,768	Telephone	(650) 849-4870
Name (Print/Type)	Peter C. Mei			Date	May 9, 2006